

**DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION**

Docket Number  
RD28276

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

WIZARD DEVELOPMENT KIT

the specification of which

☒ is attached hereto  
OR

☐ was filed on \_\_\_\_\_ as United States Application Number or PCT International Application Number \_\_\_\_\_  
and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365 (b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

**PRIOR FOREIGN APPLICATION(S)**

**Priority Claimed**

☐ Yes ☐ No

☐ Yes ☐ No

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)

☒ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119 (e) of any United States provisional application(s) listed below.

☐ Additional provisional application numbers are listed on a supplemental priority data sheet attached hereto.

_____ (Application Number)	_____ (Filing Date)
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I hereby claim the benefit under Title 35, United States Code §120 of any United States Application(s), or §365 (c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

_____ (Application Number)	_____ (Filing Date)	_____ (Status - patented, pending, abandoned)
_____ (Application Number)	_____ (Filing Date)	_____ (Status - patented, pending, abandoned)

I hereby appoint the registered practitioners associated with Customer Number 006111 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all telephone calls to: WILLIAM SCOTT ANDES at telephone number (513) 243-5955

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST INVENTOR:

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First Name

Middle Name

Last Name

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Signature: \_\_\_\_\_ Date \_\_\_\_\_

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Citizenship: \_\_\_\_\_

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FOURTH JOINT INVENTOR:

Full name: \_\_\_\_\_

First Name

Middle Name

Last Name

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Residence: \_\_\_\_\_ City and State \_\_\_\_\_

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